

Creating Awareness and Reducing Cervical Cancer: The HPV Vaccine



Dr. Jan Bury – Mid Dakota Clinic - Center for Women, speaks with a mother about the HPV vaccine.

If you've watched television the past few months or if your Merck representative has visited with literature, you may be familiar with the "One Less" slogan, developed to market the cervical cancer vaccine Gardasil. This kind of mass media attention is intended to help educate women about the link between the human papillomavirus and cervical cancer.

Gardasil is administered in a series of three injections (zero, two months and six months) and is the only vaccine that may help guard against diseases that are caused by HPV types 6, 11, 16, and 18. HPV types 16 and 18 cause 70 percent of cervical cancer cases, and HPV types 6 and 11 cause 90 percent of genital warts cases. For the vaccine to be effective, it needs to be administered. The great need now is to create awareness among the appropriate populations

about the vaccine. A recent study by the National Cancer Institute (NCI) highlighted the need for such education.

Dr. Jasmin A. Tiro, an NCI Cancer Prevention Fellow who led the study, commented, "Our data also suggest that women learn about HPV after experiencing an abnormal Pap or positive HPV test. Clear, consistent information about HPV transmission, prevention, detection, and the link to cervical cancer needs to be provided before a woman becomes infected."

While some states already have mandated vaccination, North Dakota has not. Dr. Jan Bury, OB/GYN at Mid Dakota Clinic in Bismarck, states patient education is key to adopting the vaccine in traditionally conservative states like North Dakota. "This vaccine is a revolu-

Factors Strongly Associated With Acquisition of HPV Infection in Women (From *Human Papillomavirus: HPV Information for Clinicians, Centers for Disease Control and Prevention, November 2006*)

- Young age (younger than 25)
- Increasing number of sex partners
- Early age at first sexual intercourse (age 16 or younger)
- Male partner has (or has had) multiple sex partners

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tionary event in women's health. We can help prevent cervical cancers by communicating with parents about its importance and also helping the parent explain the need to their daughters," Bury said. "Work has begun on a national level and it is important for the work to continue at a regional and local level."

Media coverage and pharmaceutical marketing efforts for the HPV diagnostic test and the HPV vaccine "will likely increase awareness," Dr. Tiro predicted. "NCI is conducting studies to track the diffusion of knowledge to make sure that all women have accurate knowledge about HPV and how to prevent and detect cervical cancer early." Understanding HPV infection and its relationship to cervical cancer is needed to make appropriate, evidence-based

healthcare choices among existing strategies, including the Pap test, HPV DNA test, and HPV vaccine, the researchers concluded.

Along with the 2007 CPT codes, please find a special reprinting of the HPV Information for Clinicians developed by the U.S. Centers for Disease Control and Prevention. This publication is also available online at www.cdc.gov/std/hpv/common-infection/CDC_HPV_ClinicianBro_HR.pdf.

(Reprinted in part from the NCI Bulletin, October 2006)

Save May 7, 2007 to attend The First Lady's Women's Health Summit, Fargo.

Inreach Initiative for Healthcare Providers

On March 1, 2007 *Women's Way* kicked off a Healthcare Provider (HCP) Inreach Initiative. For every woman referred who is enrolled in *Women's Way* and then screened, the HCP is eligible to receive a \$30 inreach incentive. For this initiative, the "HCP" includes all staff within that health-care system who come into contact with the potential *Women's Way* client. This includes ancillary personnel, such as receptionists and nurses. The one-time incentive per women of \$30 will be paid to the person who actually makes the referral. The incentive will be paid after the woman has received a *Women's Way* screening test (i.e., mammogram, Pap test, clinical breast exam).

All "new" women who are referred by a health-care provider and enrolled in *Women's Way* will also receive the \$30 incentive after receiving a *Women's Way* screening test. "New" is defined as a woman who has never been enrolled in *Women's Way* or has not received *Women's Way* services within the last 24 months. Even if a health-care provider does not want to receive the incentive, he or she can refer women by submitting the voucher to the *Women's Way* local coordinator. This will verify that a woman is eligible for her \$30 incentive after she obtains her screening services. The health-care provider **is not** responsible for giving the \$30 incentive to the woman. This is done through the *Women's Way* state office.

To be eligible for the incentive, the *Women's Way* Intake and Visit Summary form and Inreach Initiative Voucher must be returned to your local coordinator on or before June 15, 2007. The Healthcare Provider Inreach Initiative ends June 15, 2007. For more information, please contact your *Women's Way* local coordinator at 1.800.44 WOMEN.

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enrolled in *Women's*
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Coordinator's Corner



By Mary Ann Foss
Women's Way Program Director
800.280.5512

September 2007 will mark the 10th anniversary of *Women's Way* providing breast and cervical cancer screening services for North Dakota women. I have just spent the last few minutes going through all the issues of this newsletter since the program's beginning. Naturally, there has been change and growth, challenge and accomplishment.

One change that comes to mind was in 1998, when we finally received approval to pay for breast ultrasound. I was so excited! Now we have received approval to pay for Pap test liquid based technology for biennial screening. Other changes are necessary as the program develops new systems. One internal system change will be converting to a web-based data system in the summer of 2007. The new data system will necessitate revisions on the forms you are familiar with, such as the Intake and Visit Summary, Breast Diagnostic and Cervical Diagnostic.

Growth includes enrolling health-care providers, such as you, from all over the state so that women don't have to travel hundreds of miles for the life-saving cancer preventative screenings they probably wouldn't get otherwise. Thanks in part to you, we have grown from screening the first woman in 1997 to screening more than 3,200 women in fiscal year (FY) 2006.

The goal is the same for FY 2007– we have until June 30 to screen 3,200 women. Reaching the annual screening goal is critical, because funding from the Centers for Disease Control and Prevention (CDC) is performance based.

Our goal for FY 2008 is to serve 3,400 women, and we plan to serve 4,000 women per year by 2011.

Our current numbers reflect that it is going to be a challenge to accomplish the goal, so your referrals are key to our success! You, as health-care providers, are one of the most vital links in getting women enrolled in *Women's Way*. I urge you to refer as many women as you can. Even if a woman is in for a sore throat, find out when she had her last mammogram and Pap test. You could be saving her life. Without *Women's Way*, many women would never consider having these services because they are uninsured or their insurance doesn't cover preventive screening tests. Call 800.449.6636; – your *Women's Way* local coordinator will determine eligibility and initiate her enrollment.

Women's Way plans to keep growing. Our goal for FY 2008 is to serve 3,400 women, and we plan to serve 4,000 women per year by 2011. We can do it with your help – keep those referrals coming.

Program challenges have included getting our forms back from you as quickly as possible. In the February 2001 newsletter edition, we had a list of the 12 top reasons for completing and returning *Women's Way* forms quickly. It's your turn to make up this list. I would love it if you sent me suggestions. Quick turn-around time on the forms is a challenge from our perspective. What do you see as challenges? Let me know.

Accomplishments are endless – I will not be able to name them all. We developed our unique *Women's Way* logo and the *Women's Way* “look” for all of our materials. Two brochures we developed have won national awards. Healthcare provider trainings, insertives and symposiums are provided all over the state. Many of your colleagues have “graduated” from the Mammocare method of clinical breast exam training – how about you? For more information, call Barb at 800.280.5512.

The greatest accomplishment is reaching those women who would not seek care otherwise. From the first screening in 1997 through February 2007, *Women's Way* has served more than 8,500 women. This is truly what we are all about. We can't do it without you – our *Women's Way* healthcare providers. Thank you!

Survivor Urges Others Not To Keep the Secret: There Is a Way with Women's Way



Kathryn Wentz, 50, knew for at least a year the lump in her breast was probably cancerous, but she kept it secret. She didn't tell her

husband. She didn't tell her best friend. She kept it secret because, as an uninsured bartender, she knew she couldn't pay for a mammogram or cancer treatments. "It wasn't so much the thought of having cancer that scared me. What really scared me was how I was going to pay for everything," Kathryn said.

It had been 10 years since Kathryn had screening for either breast or cervical cancer. Without insurance, health screenings were not a priority. Then last fall, Kathryn was watching television when a *Women's Way* public service announcement aired. *Women's Way* is North Dakota's breast and cervical cancer early detection program. The federally funded program helps women between the ages of 40 and 64 receive low- or no-cost mammograms and Pap tests. "I saw the *Women's Way* ads before, but that time the woman's testimonial really talked to me. The statement that, 'there is a way with *Women's Way*,' really hit home. That's what made me call," Kathryn said.

Theresa Schmidt, *Women's Way* coordinator for Burleigh County, helped Kathryn fill out the forms and within a week, Kathryn had her first mammogram and Pap test in a decade. The Pap results showed no sign of cervical cancer. The mammogram, however, confirmed stage-3 breast cancer. "The cancer part didn't concern me; it was the money. The surgery-scheduling nurse told me I had a bigger problem. She

told me I couldn't schedule a mastectomy until I got insurance or I could pay a big down payment. That was what really scared me," Kathryn said.

She again contacted Theresa Schmidt at *Women's Way*. Theresa helped Kathryn enroll in Medicaid – *Women's Way* that helped pay for cancer treatment. "Theresa really helped me. She had me scheduled within two weeks for surgery. Theresa helped me put the down payment on my life," Kathryn said.

Surgeons removed Kathryn's left breast and eight lymph nodes. She will complete her chemotherapy treatment in April. With a quiet laugh, she brags about her new wig and how it outshines the thin hair she lost with chemo treatments. She is quick to thank the American Cancer Society for her new hairdo, and she is quick to thank Theresa Schmidt and *Women's Way* for her new lease on life. "I want to call Theresa my

"I don't think that many people know about this great program. Like the ad said, 'they helped me and they can help you.' Women should never have to keep cancer a secret because of money. There is a way with Women's Way."

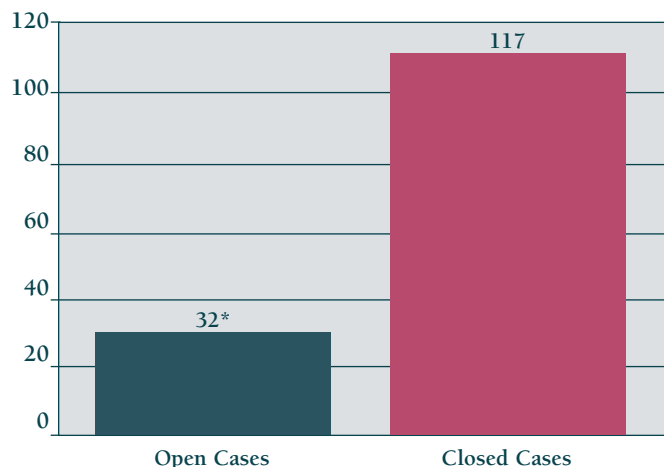
Saint Theresa, she helped me so much. *Women's Way* has done wonders for me. It would be a tragedy if it ever went away. I mean, what do you do if you are an uninsured woman? What other options are out there?" Kathryn asked.

Kathryn urges providers and patients to spread the word about *Women's Way*. "I don't think that many people know about this great program. Like the ad said, 'they helped me and they can help you.' Women should never have to keep cancer a secret because of money. There is a way with *Women's Way*," Kathryn said.

For more information about *Women's Way*, call 800.449.6636 or visit the *Women's Way* website at www.ndhealth.gov/womensway/.

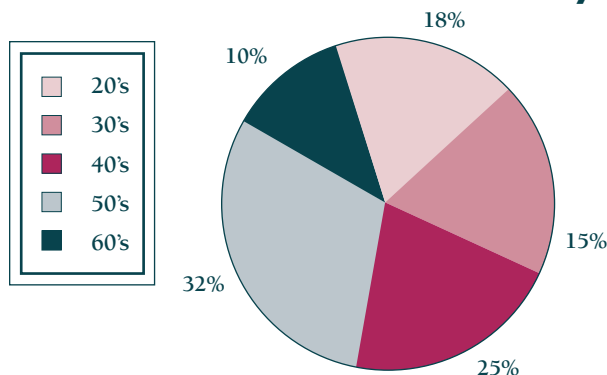
Medicaid – Women's Way

Medicaid Treatment Cases July 2001 to Present



*Since July 2001, 141 women have received treatment services through Medicaid – Women's Way. Thirty two women are currently receiving treatment.

Medicaid Treatment Cases by Age Group



65% of the women served by Medicaid – Women's Way are ages 40-64, the program's primary target population.

North Dakota Program Stats

September 1997 to present



Ann Lunde, Women's Way Data Manager
800.280.5512

Number of women who have received any paid procedure by Women's Way Program:

8,508

Number of screening mammograms paid for by Women's Way:

11,931

Percentage of mammograms that are abnormal (40+ years of age):

Among Women's Way women:

8.1%

Among NBCCEDPs nationwide:

10.3%

Number of Pap tests paid for by Women's Way:

18,539

Percentage of Pap tests that are abnormal (all ages):

Among Women's Way women:

2.2%

Among NBCCEDPs nationwide:

2.0%

Breast cancers diagnosed:

126

Stage 0	40
Stage 1	17
Stage 2	31
Stage 3	25
Stage 4	5
Summary Local	2
Unknown	6

Cervical dysplasias:

400

CIN I	220
CIN II	81
CIN III	99

Invasive cervical carcinomas diagnosed:

11

34% of Women's Way clients enrolled in 2006 are current smokers.

Changes in Reimbursement of Liquid-Based Cytology and Screening Intervals



Barbara Steiner,
Women's Way Nurse Consultant
800.280.5512

Beginning July 2007, *Women's Way* will reimburse for liquid-based cervical cytology (LBC) for primary cervical cancer screening, up to the allowable Medicare rate of \$28.31. Currently *Women's Way* is reimbursing for liquid-based cervical cytology at the conventional Pap test Medicare rate of \$14.76. In addition, the screening interval when using liquid-based tests is every two years. *Women's Way's* web-based data system will track when a woman is due for her next Pap test. It will be written on the *Women's Way* Intake and Visit Summary form that you complete.

Biennial screening is an important component to LBC tests. Because LBC has a higher sensitivity and lower specificity than conventional Pap tests, more false positives will result when using LBC. Women with positive test results should receive a full diagnostic workup to distinguish the true positives from the false positives. Diagnostic procedures such as colposcopy have their own set of risk to patients, both physical and emotional. On the other hand, a negative test result with LBC is so reliable that there is no need to rescreen for two years. Thus the every-other year interval is an important mechanism, both for protecting women from false positives and all that they entail and for ensuring that the greatest number of women can be screened with limited program resources.

As with conventional Pap tests, when a woman has had three consecutive, normal cervical cancer screening tests documented within a 60-month period, the screening interval shall increase to once every three years. (To calculate the time period for the three normal screening tests, the first test date should be considered "month 0," the second test would occur around month 24, and the third around month 48.) If a woman receives an abnormal screening test result, policies for follow-up of abnormal cervical cancer screening tests and reimbursement of diagnostic procedures should be followed.

The exception to above mentioned screening guidelines is for women who have a compromised immune system. These women need annual Pap tests. This includes women with HIV and/or AIDS, who have had a kidney or other organ transplant, or who are taking medication for severe arthritis or other collagen vascular disease.

Women will still need to receive a pelvic exam annually, along with a clinical breast exam and screening mammogram (if 50 or older). As before, *Women's Way* funds cannot be used to reimburse for cervical cancer screening in women with total hysterectomies (i.e., those without a cervix), unless the hysterectomy was performed due to cervical neoplasia (precursors to cervical cancer) or invasive cervical cancer. *Women's Way* will reimburse for an initial examination (i.e. pelvic examination) to determine if a woman has a cervix.

These changes affect all breast and cervical cancer early detection programs across the nation. If you have any questions or concerns, please contact *Women's Way* at 800.449.6636.

(Source for information: Clinical Policies and their Rationale for the 2005 edition of National Breast and Cervical Cancer Early Detection Program's Policy and Procedure Manual, Centers for Disease Control and Prevention)

Local Coordinator Spotlight



Theresa Schmidt, BSN, RN
Local Women's Way Coordinator
for Burleigh, Emmons, Kidder,
and Wells Counties

Providers Are Partners

If you ask Theresa Schmidt about the role healthcare providers play in her work, she will let you know it is pivotal one. "I think the providers in North Dakota are so dedicated to women's health issues. We are so fortunate to have a good working relationship with our providers. We wouldn't have as strong a program if it weren't for our providers," Theresa said.

Among her many duties, Theresa recruits and enrolls North Dakota women into the *Women's Way* program. A recent client received the mammogram screening she needed through *Women's Way*, and cancer was found. "Without *Women's Way*, they wouldn't have found it at such an early stage," Theresa said. She continued by highlighting some of the barriers North Dakota women face when addressing screenings. "There are barriers like time and the financial burden. These women are working to make ends meet. There isn't extra money for screenings. *Women's Way* helps relieve the financial burden," Theresa said. "I wish providers could hear how grateful these women are."

Also included in her daily activities is assisting providers. She works to help women schedule appointments and then follow-up with her clients to ensure, if treatment is needed, it is a smooth process. Also

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A Quick Review of the North Dakota Cancer Registry



Marlys Knell
Program Director
North Dakota Cancer Registry

The mission of the North Dakota Cancer Registry (NDCR) is to support cancer control by providing data to target, monitor and evaluate programs promoting early detection, diagnosis and treatment to reduce the burden of cancer in North Dakota.

Established in 1996, NDCR's reference year for data collection is January 1997.

The registry collects between 3,000 and 3,300 new incidence and mortality cancer cases annually on all malignant and benign central nervous system tumors with the exception of carcinoma in-situ of the cervix and basal or squamous cell cancers of the skin. Each year, about 1,300 North Dakotans die from cancer.

Hospitals, outpatient surgical centers, radiation or oncology treatment centers, clinics, pathology laboratories and physician offices are required by law to submit data to the North Dakota Cancer Registry. Data is also received from the North Dakota Department of Health's Division of Vital Records, as well as central cancer registries in other states. Information received is consolidated into one complete, accurate record that is used for required national data submissions, various reports, data and research requests, cancer cluster investigations, and analyzing the overall picture of cancer in North Dakota.

The registry functions include completeness and timeliness of data collections, data management, strict quality assurance activities, database links and data analysis performed through a secure, web-based software reporting system that maintains data confidentiality and security. Because of the changing methods of delivering treatment and new ways of collecting data, it is critical that the central registry staff attend national conventions, workshops and webinars to remain current on new abstracting rules and procedures.

NCI Resources in North Dakota



Jessica Gilbertson

Partnership Program Coordinator
NCI's Cancer Information Service
Spirit of EAGLES

The subject of cancer is often a topic at the forefront of the news and also on people's minds from their own life experiences. It is difficult to meet someone whose life has *not* been touched by cancer in some way. Cancer patients, their families and their health-care providers are also always searching for the latest, most up-to-date information on cancer treatments, research, clinical trials, prevention and more.

One source for such information is the National Cancer Institute's (NCI) Cancer Information Service (CIS) and Spirit of EAGLES Program. The NCI's CIS is a national information and education network. The CIS is a free public service of the NCI, the nation's primary agency for cancer research. Many providers are familiar with the website www.cancer.gov and the toll-free number 800-4CANCER.

Spirit of EAGLES is the American Indian and Alaska Native Leadership Initiative on cancer. The acronym EAGLES stands for Education, Advocacy, Grants, Leadership, Elders, Survivors and Scholarships. NCI's

CIS and Spirit of EAGLES share a staff person in North Dakota who is housed at the North Dakota Department of Health.

Jessica Gilbertson started as the Partnership Program coordinator with the CIS and Spirit of EAGLES in March 2006. She has spent the last year forming relationships with cancer stakeholders and spreading the message about the tools and resources available through the National Cancer Institute. Her position is housed at the North Dakota Department of Health in the Division of Cancer Prevention and Control.

One major focus area of CIS and Spirit of E.A.G.L.E.S. is to have an impact on cancer disparities. In North Dakota, this means an impact on rural populations and American Indian populations. As a healthcare provider, there are a number of ways in which you can partner with the Cancer Information Service and Spirit of E.A.G.L.E.S. to reduce cancer health disparities in North Dakota.

One easy way is through the use of CIS and Spirit of EAGLES print materials. The National Cancer Institute produces a number of very useful publications including the "What You Need to Know" series. These booklets provide a basic understanding of cancer and are categorized by cancer site. Other available print resources include a full series of culturally competent brochures available for American Indian populations. Materials such as these are tremendous assets for waiting rooms and can be extremely helpful in assisting patients as they begin their cancer journey. Resources on screening, prevention, clinical trials, tobacco cessation and other topics also are available.

Please contact Jessica Gilbertson, Partnership Program coordinator, at 701.328.4515 or jfgilbertson@nd.gov if you have questions or an idea for partnership.

Local Coordinator Spotlight...continued from page 7

available to providers through Theresa are educational materials such as *Women's Way* general and American Indian specific program brochures, *What is a Pap test?* brochures, and breast self-exam printed materials.

For the past six and a half years, Theresa has worked to improve breast and cervical screening rates for women in the counties she serves. She takes pride in knowing that she is working to make a difference in women's lives. She

encourages providers to go the extra mile, as well. "One of the most important tools we have is provider referrals," Theresa said. "Women take provider recommendations very seriously, and they have a huge impact. Please take a few minutes to share *Women's Way* program information."

For Theresa, providers are partners – partners in working to ease the burden of breast and cervical cancer in North Dakota.

Cancer Plan Implementation Activities Continue



Denise Steinbach

Program Director
Comprehensive Cancer Control Program

Work to ease the burden of cancer in North Dakota continues. The cancer plan is published, and future goals include securing funding to implement programs and research. In addition, work is already underway to facilitate the second annual North Dakota Cancer Coalition meeting in June 2007, where members will come together to strategize and join workgroups.

Past Planning and Future Progress

Comprehensive Cancer Control in North Dakota became a reality in July 2006 with the public announcement of *North Dakota's Cancer Control Plan* at the North Dakota Cancer Summit. Approximately 100 people, representing more than 45 public and private agencies, participated in the one-day meeting, where they received information in several areas related to the cancer plan. Presentations included a review of cancer-related data used to demonstrate North Dakota's cancer burden, a summary of the goals and objectives of *North Dakota's Cancer Control Plan*, and a discussion about promoting cancer-related careers for the health workforce of the future. Attendees also participated in an exercise to prioritize cancer plan objectives.

North Dakota's Cancer Control Plan, available at www.ndhealth.gov/compcancer, is an integrated and coordinated plan that suggests strategies in the areas of cancer prevention, early detection, treatment, disease management, health disparities and workforce.

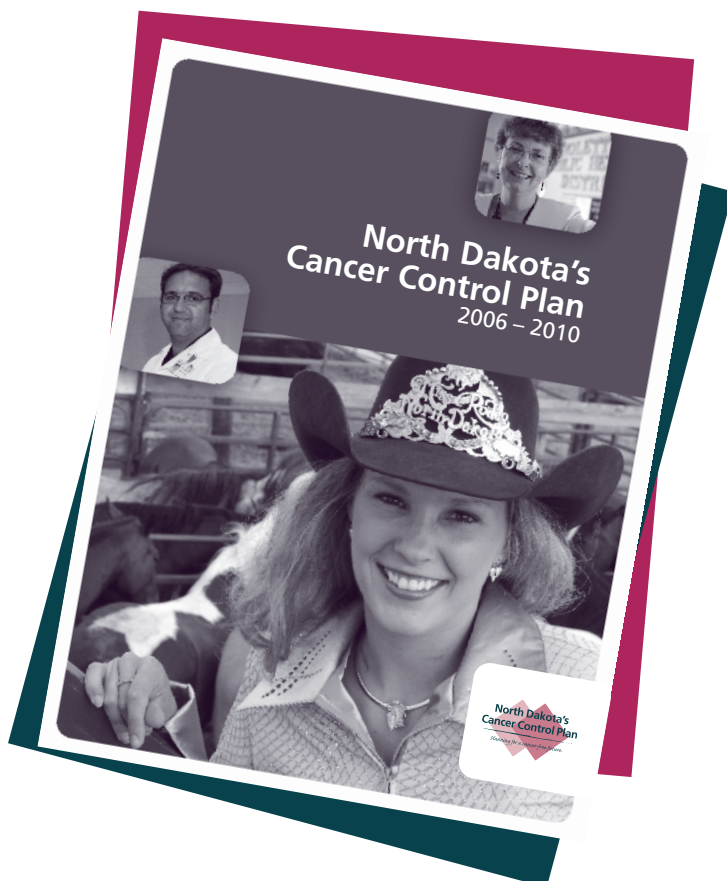
Since the July meeting, North Dakota Cancer Coalition (NDCC) leadership team members received additional training in cancer plan implementation while attending a comprehensive cancer control leadership institute.

At the institute, team members participated in topic modules that focused on palliative care, clinical trials, colorectal cancer screening, tobacco control, cancer survivorship and workforce development.

The leadership team, which now functions as the NDCC Steering Committee, has met regularly since November 2006. The Steering Committee is primarily responsible for further defining cancer plan strategies and developing an action plan for the next two years. In addition to continuing work in the broad focus areas addressed in the cancer plan, activities will be specifically directed toward prevention and early detection strategies.

Next steps for the NDCC Steering Committee include defining workgroups, responsibilities and management, and, over the next several months, the committee will begin developing specific work-group infrastructure and drafting action plans.

Providers are a valuable resource for helping ease the burden of cancer in our state. If you would like to become a member of the North Dakota Cancer Coalition, please call 800.280.5512.



Worksite Wellness Can Work for You!



Melissa Olson

Director
Healthy North Dakota



Healthy North Dakota's primary role is to facilitate a communication forum for stakeholders. The resulting connections enable opportunities for collaboration and streamlining of health-promotion efforts. Worksite wellness promotion is benefiting from the Healthy North Dakota communication forum. Healthy North Dakota can provide tools and information to help improve the health of their employees and their company once a business has chosen to implement a worksite wellness program.

What makes the Healthy North Dakota Worksite Wellness Program different? The Healthy North Dakota Program utilizes the concept of community engagement, which allows for the worksite community to fully engage in all stages of the worksite wellness process. The impressive findings on the benefits of worksite wellness – such as 28 percent improvement in sick leave and absenteeism, 26 percent improvement in health-care costs, 30 percent improvement in worker's compensation and disability management claims and 6-to-1 cost benefit ratio – were based on programs with a **comprehensive** worksite wellness approach.

Components of the Comprehensive Healthy North Dakota Worksite Wellness Program include:

- Assessment of employee attitudes, interests and health risks through wellness profile and health screenings and assessment of group usage of insurance.
- Program planning by a worksite wellness committee or team working with the consultant to identify programs, plan for a budget, develop mission and vision statements, establish timelines and plan for evaluation.

- Program implementation that speaks to the spectrum of employee stages of change by actions, services and programs that address awareness, education and motivation, behavior change and environmental changes.
- Evaluation at the beginning, during and at the end of the process.

Healthy North Dakota has provided training for worksite wellness consultants, is contracting for the evaluation of comprehensive worksite wellness programming, and makes resource information to employers, employees and consultants at its website, www.healthynd.org. The Healthy North Dakota website, launched in January 2007, provides people with information to help them make healthy living choices wherever they live, learn, work or play.

It is at the individual level where we make choices day in and day out about healthy living. However, the consequences of making unhealthy choices worsen health and quality of life and cost employers and the state and country valuable resources that could be used elsewhere. Half of the factors that contribute to premature death before the age of 75 in the U.S. can be attributed to factors that are lifestyle-related or that could be changed. Large companies looking at their health insurance costs are finding that 50 percent of their plan costs are incurred by employees with lifestyle-related medical conditions. (Employee Benefits Plan Review, January 1992)

As providers, there are a number of ways in which you can help build a healthy North Dakota while at the worksite:

1. Establish a worksite wellness program at your worksite.
2. Participate in your worksite wellness program and model healthy living choices for your co-workers.
3. Encourage your patients to take personal responsibility for their health while at work.

Many different factors influence an individual's lifestyle choices. Creating worksites that promote healthy living is a challenge we all must undertake. Let's all do our part in building a healthy North Dakota.

Special thanks to Gary Liguori, Ph.D., North Dakota State University, and Karen Ehrens, LRD, Ehrens Consulting, for their contributions to this article.

Helpful Web Resources

HPV and HPV Vaccine

www.cdc.gov/std/hpv/default.htm

Guidelines on Management of Women with Histological Abnormalities www.asccp.org/consensus/histological.shtml

Guidelines on Management of Women with Cytological Abnormalities www.asccp.org/consensus/cytological.shtml

CME opportunities are available. The Breast Cancer Review (BCR) is an approved CME activity with up to 10 category 1 credit hours available at qap.sdsu.edu/education/breastcancerreview/index.html

Five web-based education modules on breast and cervical cancer are available through the University of Wisconsin at: www.son.wisc.edu/ce/programs/asynch/bccd. Each of the modules is approximately one contact hour of continuing education.

A maximum of 1.75 contact hours is available to health-care providers who read the March 23, 2007 issue of the Morbidity and Mortality Report, *Quadrivalent Human Papillomavirus Vaccine – Recommendations of the Advisory Committee on Immunization Practice (ACIP)*, available at: www.cdc.gov/mmwr. Click on “Continuing Education” on the left side of the web-page.

Check out the *Women’s Way* website by going to: www.ndhealth.gov/womensway. It has lots of helpful such as is listed above. Go to: “Helpful Resources”. You will find links to information regarding breast and cervical cancer and screening for both clinicians and patients (general public). Fact sheets for patients are available to download and print.

Folks in the Know...

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Stark, Adams, Billings, Golden
Valley, Bowman, Slope, Dunn,
Hettinger counties

Randa Eldred, R.N.
Upper Missouri District
Health Unit
Williams, Divide, McKenzie,
Mountrail counties

**Women’s Way Clearinghouse
800.280.5512**



The North Dakota Tobacco Quitline is a **FREE** service available to help North Dakota smokers and spit-tobacco users quit using tobacco.

◆ North Dakota residents can call the toll-free number, 1.866.388.QUIT (1.866.388.7848), to discuss quitting with a trained counselor.

◆ Quitline hours are Monday through Thursday from 7 a.m. to 8 p.m., Friday from 7 a.m. to 7 p.m. and Saturday from 10 a.m. to 4 p.m. During other hours, callers can leave a message and counselors will return their call.

◆ Counselors will help callers establish a “quit plan” and guide them through the quitting process with follow-up phone calls.

◆ Family members of tobacco users may also call for advice.

You Can Quit. We Can Help.

You can help by posting
the Tobacco Quit Line
information in your offices
and taking the time to
speak one-on-one with
smokers and referring
them to the Quit Line.



Division of Cancer Prevention and Control
North Dakota Department of Health
600 E. Boulevard Ave., Dept. 301
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Quitline Benefits for Healthcare Providers

The North Dakota Tobacco Quitline has been providing free, private, telephone counseling to tobacco users in North Dakota since September 2004 with much success. The Quitline averages 265 calls per month, has more than tripled the number of individuals utilizing nicotine replacement therapy and has a 12-month quit rate of 31 percent.

The Quitline offers services specific to healthcare providers in addition to tobacco users and family and friends. The Quitline is staffed by counselors, nurses, respiratory therapists and physicians who specialize in tobacco cessation treatments. They are available to answer questions healthcare providers may have about:

- Cessation medications.
- Patient interventions.
- Cessation with specific populations.

The Fax Referral program is a proactive referral service for patients. When a healthcare provider discusses quitting tobacco use with a patient who indicates that he or she is ready to quit within the next 30 days, the patient simply signs the fax referral form and indicates when and where the Quitline should call. The Quitline counselor then makes the initial call to the tobacco user to begin the intervention. This service is beneficial in that:

- The Quitline initiates the first call; the task is not on the smoker to begin services.
- It saves healthcare provider's time.
- The healthcare provider gets a return fax indicating that their patient enrolled in services, refused, or requested materials. This information can be placed in the patient's chart and can serve as a catalyst for tobacco-use discussion at his or her next visit.

For more information about the North Dakota Tobacco Quitline, the Fax Referral program, or a presentation for your staff, please contact Michelle Walker, cessation coordinator, at 701.328.2315 or the North Dakota Tobacco Quitline at 866.388.QUIT (7848).